

Registration

FIRST PARTICIPANT (please print)

Parent/Guardian Last Name _____ First Name _____

Participant's Last Name _____ First Name _____

Email Address _____ Male/Female _____ Date of Birth ____/____/____ Age _____ Grade (10/11) _____

Address _____ City/Zip _____

Home Phone _____ Cell Phone _____ Emergency Phone _____

CLASS CODE	SESSION NUMBER	DAY/DATES	TIME	CLASS TITLE	FEE	ALTERNATE CLASS CODE
						SUBTOTAL

SECOND PARTICIPANT (please print)

Participant's Last Name _____ First Name _____

Male/Female _____ Date of Birth ____/____/____ Age _____ Grade (10/11) _____

CLASS CODE	SESSION NUMBER	DAY/DATES	TIME	CLASS TITLE	FEE	ALTERNATE CLASS CODE
						SUBTOTAL

Refunds must be requested one week before classes start. Cancellations after that time will result in 100% class fee surcharge. Please choose classes carefully! A service charge will be assessed on all cancellations, unless cancellations are due to low enrollment.

YOUTH SPORTS INFORMATION: What are your preference practice days (We do not guarantee) M T W TH F
Would you like to be a coach for this sport? YES NO

For team selection purposes, please let us know what school your children) attends:

Name _____

School _____

Name _____

School _____

Acknowledgement of risk: By registering for the above identified program(s), parent, Legal Guardian, Participant recognizes and acknowledges that there are certain risks of physical injury and agrees to assume full risk of injuries, property damage or loss which participant may sustain as a result of participating in any and all activities connected with or associated with above listed recreation program or activity. The Parent, Legal Guardian, Participant hereby voluntarily releases, waives, discharges and agrees not to sue the City of Louisville and its employees, other participants, coaches, instructors, officials, sponsors, advertisers, owners, and leasees of the premises used to conduct the event, and their offices, directors, agents and employees (all for the purposes hereinafter collectively referred to as "Releases") from all liability to the undersigned, his or her personal representatives, assigns, heirs and next of kin for any and all claims, demands

arising from injury, including but not limited to damage to property, caused or alleged to be caused in whole or part by the negligence of the Releases or otherwise. I authorize and consent to the publication of myself, whether by television, newsprint, written advertisements or otherwise, of any materials contained in my name or picture for participation in any event.

I have read and understand the above stated class cancellation policy.

Participant/Guardian Signature: _____

Date: _____

Credit Card Number _____ / _____ / _____ / _____

3-Digit Security # _____ **Expiration Date** _____

RECEIVED: CHECK / CASH / CHARGE